## PART B - FEE(S) TRANSMITTAL

SEP 11	<b>,9</b> )		or	P.0 Al <u>Fax</u> (57	ommissioner io O. Box 1450 exandria, Virgi 71)-273-2885	inia 22313-1450	
INSTRUCTION This for appropriate. All indicated unless corrected maintenance fee notification	ould be used for tran	smitting the ISSU Patent, advance or in Block 1, by (a	E FEE and P ders and notif ) specifying a	liew corre	spondence address,	and or (o) marcading a sep	mane TEE ADDRESS TO
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Fee	e(s) Transmittal. Thi bers. Each additiona	mailing can only be used for secretificate cannot be used a paper, such as an assignment of mailing or transmission.	for any other accompanying
26646 75 KENYON & KE ONE BROADWA NEW YORK, NY		I he Sta add trai	Cer ereby certify that th tes Postal Service w Iressed to the Mail asmitted to the USP	tificate of Mailing or Trans is Fee(s) Transmittal is bein vith sufficient postage for fir Stop ISSUE FEE address TO (571) 273-2885, on the o	g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.		
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2 FC:1504 300.	00 da 00 da 00 da			L	SA	7. 5,2006	(Signature)
· APPLICATION NO.	FILING DATE	1	FIRST NAMED	INVENTO	2	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/773,148 01/31/2001 Babak Rezvani 13402/5 5113  FITLE OF INVENTION: METHOD AND SYSTEM FOR ADAPTIVELY SETTING A DATA REFRESH INTERVAL							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBL	ICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700			\$300	\$1000	09/05/2006
EXAMINER		ART UNIT		CLAS	S-SUBCLASS		
JEAN, FRANTZ B		2151		70	9-224000		
1. Change of correspondence CFR 1.363).  Change of correspondence Address form PTO/SB/1  "Fee Address" indicate PTO/SB/47; Rev 03-02 Number is required.	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  //5 WEST 30+h STREET, NEW YORK, NY 10001  Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual Corporation or other private group entity Government							
4a. The following fee(s) are Issue Fee Publication Fee (No. 2) Advance Order - # o	b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number //-0600 (enclose an extra copy of this form).						
a. Applicant claims S	s (from status indicated above MALL ENTITY status. See	37 CFR 1.27.				LL ENTITY status. See 37 C	
The Director of the USPTO NOTE: The Issue Fee and I interest as shown by the rec	is requested to apply the Iss Publication Fee (if required) ords of the United States Pat	ue Fee and Publica will not be accepted ent and Trademark	tion Fee (if and I from anyone Office.	y) or to re-	apply any previousl the applicant; a reg	y paid issue fee to the applic istered attorney or agent; or t	ation identified above.  the assignee or other party in
Authorized Signature	Chhi	1			Date	pt. 5, 20	
Typed or printed name	CLIFFORD A.	ULRICH			Registration N	io. <u>42,194</u>	<u> </u>

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